DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) ANNUAL REPORT OF WATER WITHDRAWALS

For the Period: January 1, 20___ to December 31, 20___

DEADLINE DATE FOR COMPLETED AND SIGNED REPORT: JANUARY 31, 20___

OWNNAME:	USERID:
FACILITY:	
This form is provided to you for the purpose of suwater withdrawals, as required under State Water Reporting Regulation (9 VAC 25-200-10), et seq. 1981 under authority of Section 62.1-44.38.C of December 1990, requires each non-exempt water monthly volume of ground or surface water which withdrawal during any single month exceeds 10,0 exempted from the regulation are encouraged to this form to do so. This form may also be used and sales between municipal water systems, although the sales between municipal water systems.	er Control Board (SWCB) Water Withdrawal. The regulation, adopted by the SWCB in the Code of Virginia and amended in er user to measure and annually report the nother they withdraw, provided that the average 2000 gallons per day (GPD). Water users report their water withdrawals and may utilize to voluntarily report bulk water purchases
For your convenience, portions of this form have Water Use Data System. Mark any changes or of the form A separate sheet is provided to report sources not listed.	corrections to the preprinted data directly on
Please TYPE or PRINT all information. Complet address:	ed forms should be mailed to the following
Department of Environmental (Quality
Telephone:	
In order to comply with Section 4.B of the regulat year 20 must be filed with the SWCB no later	
CERTIFICATION OF OWNER OR RESPONSIB	LE MANAGER OR AGENT
I certify that the volume determination reported h 10 percent.	erein or by reference are correct within
Name (Please Print or Type):	
Signature:	Date://
Position/Title:	
Telephone Number: ()	_

PLEASE NOTE: THIS REPORT IS NOT VALID UNLESS SIGNED

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RAW WATER WITHDRAWALS

- (1) Complete a separate section for each existing or new raw water source. Copy this form if additional sections are needed.
- (2) Enter the common name of the raw water source.
- (3) Indicate the SOURCE TYPE (Reservoir, stream, spring, or well).
- (4) If known, enter DEQ's WELL IDENTIFICATION NUMBER for wells or springs.
- (5) Enter the PERMIT NUMBER. The Virginia Department of Health's (VDH) permit number and/or DEQ groundwater permit number. Note if withdrawals are already being reported under the provisions of the DEQ's Groundwater Act or Industrial VPDES program, the VDH's Waterworks Regulations, the Federal Energy Regulatory Commission (FERC) or other government agency or program.
- 6) Attach a copy of a U.S. Geological Survey 7.5 minute topographic map(s) showing the exact location of the intake. Enter the LATITUDE and LONGITUDE of the intake location, if known.
- (7) Mark the MEASURING METHOD used to determine withdrawal amounts.
- (8) Note any unusual circumstances on the COMMENTS line.
- (9) Enter the monthly WATER WITHDRAWAL AMOUNT, the MAXIMUM DAY WITHDRAWAL and the MONTH during which the maximum day occurred for each source. Use units of million gallons(MG) when reporting water withdrawal volumes.

SOURCE:	Water Withdrawal Amount	
COLUDOR TVDE D	in Million Gallo	ns (MG)
SOURCE TYPE: Reservoir Stream		
Spring Well	January:	MG
WELL ID.: GW PERMIT:	February:	MG
VDH PERMIT:LONGITUDE:	March:	
LATITUDE:LONGITUDE:	April:	
	May:	MG
MEASURING METHOD:	June:	MG
Metering: (Source) (Customer)	July:	MG
Pump Time Curve:	August:	MG
Other (Describe):	September:	
,	October:	
MAXIMUM DAY:MG MONTH (occurred)		
COMMENTS:		
SOURCE:	Water Withdrawa in Million Gallons	
SOURCE TYPE: Reservoir Stream	iii wiiiion Canon	3 (IVIO)
Spring Well	January:	MG
WELL ID.: GW PERMIT:	February:	
VDH PERMIT:	March:	
LATITUDE:LONGITUDE:	April:	
27(111032	May:	
MEASURING METHOD:	June:	MG
Metering: (Source) (Customer)	July:	MG
Pump Time Curve:	August:	
Other (Describe):	September:	
,	October:	
MAXIMUM DAY:MG MONTH (occurred)		
COMMENTS:	December:	